



# Clinical Review Team Checklist

Behavioral Health Division,  
Developmental Disabilities Section  
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<b>Participant Legal Name:</b> Click here to enter text.	<b>Participant Age:</b> Click here to enter text.	<b>Case Manager:</b> Click here to enter text. <b>PSS Name:</b> Click here to enter text.
<b>Living Situation:</b> Click here to enter text.	<b>Full IQ Score:</b> Click here to enter text.	<b>Assigned Level of Service Need:</b> Click here to enter text.
<b>ICAP General Maladaptive Score:</b> Click here to enter text.	<b>ICAP Service Score:</b> Click here to enter text.	<b>ICAP Personal Living Domain Score:</b> Click here to enter text.

## Required Documentation from PSS:

- ☐ Level of Service Need CRT Adjustment Decision Form
- ☐ Other Extraordinary information or recommendations from field staff concerning CRT request

## Required Documentation from Case Manager:

- ☐ Clinical Review Team Checklist
- ☐ Adjustment Request Form
- ☐ Individual Plan of Care
- ☐ Psychological Report
- ☐ ICAP
- ☐ LT104
- ☐ Previous CRT and/or ECC Decisions

## Behavioral Documentation:

- ☐ Positive Behavior Support Plan (PBSP)
- ☐ Functional Behavior Assessment
- ☐ Summary of behavior data for 3-6 months, including type of behaviors, frequency and intensity, antecedents, de-escalation techniques used, use of restrictions, restraints, and PRN medications. Graphs can be helpful.
- ☐ Summary of how the PBSP has been revised over the past 6 months in response to behaviors
- ☐ Current list of medications

## Medical Documentation:

If the request is based upon a medical condition, it must be documented by a doctor with written protocol and supporting documentation of the diagnosis.

- ☐ Current list of medications
- ☐ Recommendations from WY Health Review
- ☐ Protocols (i.e. medical, mealtime, seizure, positioning, etc.)

- ☐ Doctor's Orders (i.e. for nursing, therapy, specific equipment, or other services, etc.)
- ☐ Therapy Notes

**Extraordinary Support Service needs:**

- ☐ Skilled nursing, Occupational therapy, Physical Therapy, or Speech Therapy
  - ☐ Doctor's Orders
  - ☐ Skilled Nursing notes/letter or therapist letter on letterhead, signed and dated
  - ☐ Third Party Liability Form
  - ☐ Supporting letters from physician
- ☐ Employment
  - ☐ Third Party Liability Form
  - ☐ Verification of employment and work schedule
- ☐ Crisis Intervention
  - ☐ Crisis Intervention Service Request
  - ☐ If for a behavioral reason follow the behavioral documentation requirements
  - ☐ If for a medical reason follow the medical document requirements
- ☐ Behavioral Support Services
  - ☐ Behavioral Support Service form
  - ☐ If for a behavioral reason follow the behavioral documentation requirements